638	NORTH	BROAD	STREET
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ELKHORN 53121 Phone: (262) 723-4963	}	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	55	Average Daily Census:	56

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					21.8
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities	0.0	Under 65 65 - 74	5.5	More Than 4 Years	23.6
Respite Care	No	Mental Illness (Other)	9.1	75 - 84	36.4	i I	87.3
Adult Day Care Adult Day Health Care	No No			85 - 94 95 & Over		*************************************	*****
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	1.8	 	100.0	Nursing Staff per 100 Resi (12/31/03)	dents
Other Meals	No	Cardiovascular	18.2	65 & Over	94.5	i	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender		RNs LPNs	7.8 10.0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	38.4
Mentally Ill	No			Female	69.1	· ·	00.1
Provide Day Programming for Developmentally Disabled	No	•	100.0	 	100.0	 	and the standards of a standards

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	96	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	234	37	97.4	116	0	0.0	0	11	100.0	147	0	0.0	0	0	0.0	0	54	98.2
Intermediate				1	2.6	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		38	100.0		0	0.0		11	100.0		0	0.0		0	0.0		55	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	1				 % Needing		Total
Percent Admissions from:	ì	Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	3.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.3	Bathing	1.8		80.0	18.2	55
Other Nursing Homes	0.0	Dressing	12.7		72.7	14.5	55
Acute Care Hospitals	87.7	Transferring	21.8		69.1	9.1	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.6		56.4	20.0	55
Rehabilitation Hospitals	1.8	Eating	63.6		29.1	7.3	55
Other Locations	1.8	*****	******	*****	*****	******	*****
Total Number of Admissions	57 I	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	10.9	Receiving Resp	iratory Care	14.5
Private Home/No Home Health	5.4	Occ/Freq. Incontiner	nt of Bladder	61.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.9	Occ/Freq. Incontiner	nt of Bowel	45.5	Receiving Suct	ioning	0.0
Other Nursing Homes	5.4				Receiving Osto	my Care	3.6
Acute Care Hospitals	14.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	40.0
Rehabilitation Hospitals	0.0						
Other Locations	17.9	Skin Care			Other Resident C	haracteristics	
Deaths	39.3	With Pressure Sores		7.3	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		3.6	Medications		
(Including Deaths)	56				Receiving Psyc	hoactive Drugs	29.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	8	Ratio	90	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	94.0	0.99	88.0	1.06	88.1	1.06	87.4	1.07
Current Residents from In-County	87.3	77.2	1.13	72.9	1.20	69.7	1.25	76.7	1.14
Admissions from In-County, Still Residing	28.1	23.9	1.17	20.1	1.39	21.4	1.31	19.6	1.43
Admissions/Average Daily Census	101.8	101.9	1.00	129.5	0.79	109.6	0.93	141.3	0.72
Discharges/Average Daily Census	100.0	102.4	0.98	130.3	0.77	111.3	0.90	142.5	0.70
Discharges To Private Residence/Average Daily Census	23.2	39.2	0.59	52.2	0.44	42.9	0.54	61.6	0.38
Residents Receiving Skilled Care	98.2	96.3	1.02	93.7	1.05	92.4	1.06	88.1	1.11
Residents Aged 65 and Older	94.5	97.2	0.97	94.2	1.00	93.1	1.02	87.8	1.08
Title 19 (Medicaid) Funded Residents	69.1	64.2	1.08	66.3	1.04	68.8	1.00	65.9	1.05
Private Pay Funded Residents	20.0	25.9	0.77	21.6	0.93	20.5	0.97	21.0	0.95
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	27.3	38.5	0.71	36.2	0.75	38.2	0.71	33.6	0.81
General Medical Service Residents	18.2	20.1	0.90	21.5	0.85	21.9	0.83	20.6	0.88
Impaired ADL (Mean)	44.7	51.0	0.88	48.4	0.03	48.0	0.03	49.4	0.00
± ' '	29.1	53.0	0.55	53.4	0.55		0.53	57.4	0.51
Psychological Problems						54.9			
Nursing Care Required (Mean)	8.6	7.7	1.12	6.9	1.25	7.3	1.19	7.3	1.18